

II. HIV Counseling, Testing and Training Section

a. HIV Latino Symposiums

In 1998, the Office of AIDS held two Statewide Latino Symposiums planned by a committee composed of Office of AIDS staff, community-based organizations and local health department representatives, and attended by approximately 200 people. The purpose of the symposiums was to bring together HIV service providers to develop appropriate education and prevention strategies to successfully prevent HIV/AIDS in the Latino community.

In 1999, the Office of AIDS began preparations for a third and final symposium to be held in 2000. During this symposium, implementation policies will be developed from the recommendations that were prioritized in the report, *Findings on the Rural and Urban HIV Latino Symposiums*. These policies will be used to assist counties in upgrading their local HIV plans and for program funding purposes at the local, state and federal levels.

b. HIV Counseling and Testing Program

This program provides free anonymous and/or confidential HIV antibody counseling and testing services to Californians with perceived risk for HIV. As of FY 1999-00, the Office of AIDS, HIV Counseling and Testing Program annually distributed approximately \$7 million in state and federal funds to 61 local health departments, rural primary care clinics, and Indian health clinics. In 1999, 210,000 HIV tests were conducted in one of the 700 publicly funded clinic settings. Both anonymous and confidential HIV counseling and testing services provide client-focused prevention counseling and assessment of client needs regarding: 1) HIV transmission; 2) personal risk behaviors; 3) risk reduction planning; and 4) referral to other services. During the counseling session, risk information is collected on a standard reporting tool and is submitted to the state. The information is used as a basis for data collection, program development and program reimbursement. Client counseling and testing services are provided on a voluntary basis and are primarily free.

c. HIV Prevention Counselor Training

The purpose of the HIV Prevention Counselor Training is to provide a high standard of counseling services at all Department of Health Services, Office of AIDS-funded HIV test sites. The training program ensures that HIV Prevention Counselors that provide counseling sessions to at-risk clients have the opportunity to gain the necessary skills to ensure consistent assessment, effective intervention and appropriate referrals. Our goal is to train counselors to provide high-quality, client-centered HIV prevention counseling. The HIV Prevention Counselor Training is a seven-day course delivered in two separate trainings, Basic I and Basic II.

The Basic I is a five-day course with a focus on introduction to client-centered counseling skills relating to risk assessment, risk reduction, counseling guidelines and cultural issues. Basic HIV/AIDS information, state HIV legislation and policy, HIV testing procedures and HIV epidemiology are also included.

The Basic II is a two-day course that is required for all counselors who have successfully completed Basic I. The focus of this training is on enhancing skills in conducting client risk and needs assessments with emphasis on behavior change models, risk reduction planning and secondary risk factors for HIV infection (e.g. social, cultural, economic, psychological).

Successful completion of the Basic I and Basic II results in full certification as an HIV Prevention Counselor and authorizes the counselor to provide HIV prevention counseling services for a period of one year. All counselors are required to annually participate in Continuing Education Training (CET) in order to maintain certification as an HIV Prevention Counselor. The one-day CET classes address various topics designed to enhance specific skills of experienced counselors.

d. Outreach to High-Risk Groups

The Neighborhood Interventions Geared to High-risk Testing (NIGHT) Outreach program provides services in 21 LHDs. Most of the participating LHDs use the indigenous leader model, where outreach workers are former members of the communities in which they work. Outreach workers provide education, counseling, HIV testing, referrals and follow-up services in venues where high-risk populations congregate (streets, bars, parks, etc.). The most effective programs use one-on-one interactions between outreach workers and the at-risk individuals.

Mobile HIV testing clinics are used primarily in areas where there is rapid emergence of new HIV outbreaks and where individuals who engage in high-risk activities are found. These large mobile health clinics also offer STD and tuberculosis screening. Seven of the 21 participating LHDs operate large mobile vans. Additionally, 12 LHDs use smaller retrofitted commercial vans for HIV counseling in outreach setting. The smaller vans provide a place where counseling can occur in a private, confidential setting.

e. Prevention of Perinatal Transmission of HIV Project

The HIV Education and Prevention Services Branch, in collaboration with the HIV/AIDS Epidemiology Branch and Leland Stanford Jr. University has developed a new perinatal project. Through state and federal funding, this project aims to increase the level of HIV education, counseling and testing offered to pregnant women.

In order to develop and assess an array of sociodemographically-diverse interventions, the project will involve a two-tiered strategy of needs assessment, followed by targeted perinatal service provision. Perinatal prevention assessment and service provisions will be targeted to five California counties that contain large urban, rural, or suburban communities and are composed of diverse socioeconomic and racial and ethnic populations. Counties participating in the project are Alameda, Los Angeles, Sacramento, San Diego and San Joaquin.

The project will consist of identification of access-poor populations, development of cultural and socially appropriate interventions, and dissemination and evaluation of these interventions. It will primarily be integrated into existing population-based active surveillance. The project will include focus groups and surveys of novel populations, such as women attending state-funded nutritional supplementation clinic sites, women in correctional facilities, female clients of substance abuse treatment centers, women in alternative high school educational programs and prenatal care providers in the target intervention counties. Materials developed as part of this project will be designed to bolster and enhance the efforts of health and service providers who have not been able to achieve the goal of offering HIV counseling and voluntary testing to all pregnant women in California. Local activities will be accomplished through program outreach staff.

f. Youth Drop In Centers

The FY 1999-00 budget included new funds targeting youth at high-risk for HIV infection. In 1999, the Office of AIDS solicited applications from LHDs for the augmentation, or development and implementation of a youth drop-in center program. A drop-in center is a small, store-front-style building located on an active pedestrian thoroughfare, near public transportation in a city. Its purpose is to provide prevention services in a private and comfortable manner to low-income youth at high-risk for HIV infection. A drop-in center is a neutral space where positive health maintenance is the primary objective.

Each LDH was encouraged to collaborate with an existing community-based organization with the capacity and programmatic expertise to provide risk reduction and prevention services to high-risk youth between the ages of 12 and 24. Funds totaling \$1,925,000 annually were awarded to Fresno, Humboldt, Imperial, Mendocino, Orange, San Diego, San Luis Obispo, Santa Clara, Santa Cruz and Shasta Counties. The Office of AIDS will provide technical assistance to these projects; as well as facilitate collaborations between counties.

